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David D. Murray

## PART B - FEE(S) TRANSMITTAL

( 0	NEC 27 2006		-	P. A or <u>Fax</u> (5	ommissioner fo O. Box 1450 lexandria, Virg 71)-273-2885	or Patents pinia 22313-1450	(
RE	NSTRUCTIONS: ANS appropriate. All further adicated unless correct paintenance (cells) income	form should be used correspondence including below or directed of strong.	for transmitting the ISS ng the Patent, advance herwise in Block 1, by	SUB FEE and PUBLICA orders and notification of (a) specifying a new corr	TION FEB (if requirements fees verspondence address	nired). Blocks 1 through 5 will be mailed to the curre ; and/or (b) indicating a se	should be completed when int correspondence address a sparate "FEE ADDRESS" for
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0.400.4	BRINKS HOF P.O. BOX 1039 CHICAGO, IL	ER GILSON & L 5 60610	IONE	I I St ad tra	Hereby certify that the	rtificate of Mailing or Tra pis Fee(s) Transmittal is be with sufficient postage for it I Stop ISSUE FEE addre TO (571) 273-2885, on the	nsmission ing deposited with the United first class mail in an envelop as above, or being facsimile date indicated below.
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Ļ	APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
_	09/717,767 11/21/2000 TITLE OF INVENTION: TWO PIECE OUTER BELT WEATHERSTR.			Walter J. Kelly		5709-159	9022
	APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	5 FEE TOTAL FEE(S) DL	E DATE DUE
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3.	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set furth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
	GenCorp, Inc.			Sacramento, CA			
<u>P1</u>	lease check the appropri	ate assignce category or	categories (will not be p	rinted on the patent) :	Individual 🔯 Co	mooration or other private a	TOWN Antiby Courses
	a. The following fee(s) a  Issue Fee	ere submitted: 'o small emity discount p	. 4	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1925 (enclose an extra copy of this form).			
	☐ a. Applicant claims	tus (from status indicated SMALL ENTITY statu	s. Sec 37 CFR 1,27.	D b. Applicant is no for	ger elaiming SMAI	I ENTITY states Gov. 22.4	
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